



## GUEST FACULTY REIMBURSEMENT INSTRUCTIONS

The NYU Post-Graduate Medical School is pleased to reimburse guest faculty for travel and accommodations expenses.

1. Complete all requested information on attached form.
2. Enclose **original** receipts.
3. **This form is required for payment of honorarium – please return even if you have no travel expenses to claim.**

### University Regulations:

- Reimbursement will be issued when **original receipts** are provided. If you have lost or misplaced the receipts, please include a memo to that effect. **Reimbursement will be provided; however, the amount will be processed as reportable income.**
- Passenger copy of airline and/or train tickets must be included. A travel agent invoice is not valid for reimbursement. Travel is reimbursed for round-trip coach or economy class rates only. **Please note: if you are traveling with an e-ticket, you must include the original itinerary (faxes and photocopies are not acceptable) as well as your original boarding passes.**
- Car mileage is reimbursed at the standard business mileage rate in effect at the time of travel.
- Where a meal allowance is granted, original receipts must be provided for reimbursement up to a maximum of \$50 per day. **Please note: payment or credit card receipts are *not* acceptable. Detailed and itemized restaurant receipts *must* be provided.**
- **Social Security (or tax I.D.) number and home address *must* be provided.**

### International Speakers:

Please include original receipts with a letter indicating the conversion to U.S. dollars. Also, “U.S. Tax Information for Nonresident Alien Guest Speakers” packet must be completed and returned in order for reimbursement and honorarium to be processed. **Note: You are required to include a photocopy of your passport as well as the I-94 entry card. This applies to travelers from Canada, Mexico and the Caribbean as well.**

Reimbursements will be processed upon receipt by the NYU Post-Graduate Medical School. You may expect payment six to eight weeks after that date.

**Mail no later than**            **to:**

**Sweeyen Goh  
NYU Post-Graduate Medical School  
550 First Avenue, SLH 4-36-O  
New York, NY 10016**



**NYU POST-GRADUATE MEDICAL SCHOOL  
GUEST FACULTY REIMBURSEMENT FORM**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ City State/Province Zip

\_\_\_\_\_ Country

Daytime Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**OR** Tax I.D. #: \_\_\_\_\_

**Note: If you have presented at an NYU CME program in the past, please provide only the last 4 digits of your SSN.**

**Expenses**

Air/Train Ticket \$ \_\_\_\_\_

Taxi's to and from Airports \$ \_\_\_\_\_

Taxi's to and from Meeting \$ \_\_\_\_\_

Automobile Mileage \$ \_\_\_\_\_

Automobile Rental \$ \_\_\_\_\_

Parking & Tolls \$ \_\_\_\_\_

Meals (if applicable) \$ \_\_\_\_\_

Lodging (if applicable) \$ \_\_\_\_\_